



Complete Summary

TITLE

Smoking cessation: percent of patients using tobacco who have been provided with brief counseling within the past year.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients using tobacco who have been provided with brief counseling within the past year.

RATIONALE

Smoking remains the leading cause of preventable death and disease in the United States. According to the Center for Disease Control (CDC), about 8.6 million people in the United States have at least one serious illness caused by smoking. Smoking-attributable illness is a major contributor to the \$75 billion per year in direct medical costs from smoking. Approximately 440,000 people in the United States die each year of a smoking-related illness, resulting in 5.6 million years of potential life lost and \$82 billion in lost productivity from smoking. For every person who dies of a smoking-related disease, there are 20 more people suffering with at least one serious illness from smoking. Among current smokers,

chronic lung diseases account for 73% of smoking attributable conditions. Among former smokers, chronic lung diseases account for 50% of smoking attributable conditions, followed by heart attacks (24%). Many more people are harmed by tobacco use than are indicated by death rates alone, and more individuals will experience serious chronic diseases attributed to smoking if they continue to smoke.

Tobacco dependence is a chronic relapsing condition that typically requires repeated interventions by provider and multiple attempts to quit. Tobacco cessation counseling on a regular basis is recommended for all persons who use tobacco products as a highly effective preventive medicine intervention. Even brief counseling, in combination with medications, can be very effective. Veterans receiving care in the Veterans Administration (VA) healthcare system are disproportionately affected by smoking-related illnesses as they smoke at higher rates than the general population. Every veteran patient who uses tobacco should be routinely encouraged to quit and offered evidence-based assistance to help quit.

Effective, evidence-based interventions exist for controlling and preventing many chronic diseases. In the case of smoking cessation, there is a large body of evidence providing strong support that counseling and medications are effective in helping smokers quit and these services have been rated as the most cost-effective of all clinical preventive services by the U.S. Preventive Services Task Force. Implementing proven clinical smoking cessation interventions would cost an estimated \$2,587 for each year of life saved. A complete review of tobacco cessation interventions have been reviewed and rated for their effectiveness in the 2008 Update of the U.S. Public Health Clinical Practice Guideline for Treating Tobacco Use and Dependence.

PRIMARY CLINICAL COMPONENT

Tobacco use; smoking cessation; brief counseling

DENOMINATOR DESCRIPTION

All patients from the NEXUS Clinics cohort using tobacco (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients using tobacco who, within the past year, have been provided with direct brief counseling on how to quit (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Treating tobacco use and dependence: 2008 update.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Dentists
Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

See the "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients from the NEXUS Clinics cohort* using tobacco

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients from the NEXUS Clinics cohort* using tobacco**

**Eligible patients:* Meets cohort selection criteria (refer to the original measure documentation for patient cohort description) and documented in the medical record the patient is currently using tobacco. If the patient's response is vague or ambiguous or documentation is conflicting (tobacco user and non-tobacco user both documented), patient is considered to be using tobacco.

***If a patient was not screened in the past 12 months and not known to be a lifetime non-tobacco user, or quit greater than 7 years ago, they are presumed to use tobacco and are included in the denominator (count against the facility).*

Exclusions

- Patients who have reported successfully quitting in the last 12 months
- Has a life expectancy that doesn't lend itself to prevention screening
- Any of the following exclude the patient from screening for the prevention measures:
 - Documented diagnosis of cancer of esophagus, liver, or pancreas
 - Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
 - Documented in the medical record a life expectancy less than 6 months on the PROBLEM LIST or as a health factor in Computerized Patient Record System (CPRS)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients using tobacco who, within the past year, have been provided with direct brief counseling on how to quit*

***Note:** Direct brief counseling is defined according to the 2008 update of the Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, or the VA/DoD Clinical Practice Guideline, *Management of Tobacco Use*. Brief counseling begin with strongly advising the patient using tobacco that it is important to quit using tobacco and that when he or she attempts to quit. Effective elements of brief counseling are as follows:

- Advising the patient to set a quit date, ideally within 2 weeks
- Advising the patient to remove all tobacco products from the home and work
- Providing the patient with general guidance to anticipate potential challenges to quitting and staying quit and planning ahead on how to deal with them
- Providing the patient with strong messages of support and encouragement

If the patient states that he or she is not ready to quit now, the brief counseling can be prefaced with a statement, "I understand that you may not be willing to quit right now, but when you are, it is helpful to do the following." In addition, the patient should be encouraged to contact the provider when he or she does want assistance with quitting.

Note: Any provider who is able to refer would be able to provide brief counseling and/or refer to a specialty smoking cessation clinic, including physicians, Nurse Practitioners (NPs)/Physician Assistants (PAs), Registered Nurses (RNs), social workers, psychologists, dentists, substance abuse counselors, and others.

Refer to the original measure documentation for additional information.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Tobacco users: provided with brief counseling.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Performance Measures](#)

MEASURE SUBSET NAME

[Effectiveness of Care -- Tobacco Users](#)

DEVELOPER

Veterans Health Administration

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Oct

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

MEASURE AVAILABILITY

The individual measure, "Tobacco Users: Provided with Brief Counseling," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 7, 2008. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on January 8, 2010. The information was verified by the measure developer on March 22, 2010.

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